

Form **990-PF**
 Department of the Treasury
 Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation

▶ **Do not enter social security numbers on this form as it may be made public.**
 ▶ **Go to www.irs.gov/Form990PF for instructions and the latest information.**

OMB No 1545-0052
2018
Open to Public Inspection

For calendar year 2018, or tax year beginning 01-01-2018, and ending 12-31-2018

| | | |
|--|--|---|
| Name of foundation WHITE OAK CONSERVATION FOUNDATION INC | | A Employer identification number 46-4249512 |
| Number and street (or P O box number if mail is not delivered to street address) 227 W MONROE ST NO 5000 | Room/suite | B Telephone number (see instructions) (312) 244-6980 |
| City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60606 | | C If exemption application is pending, check here <input type="checkbox"/> |
| G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change | | D 1. Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> |
| H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation | | E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> |
| I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 18,447,039 | J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis)</i> | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/> |

| Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i> | | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|---|--|------------------------------------|---------------------------|-------------------------|---|
| Revenue | 1 Contributions, gifts, grants, etc., received (attach schedule) | 366,836 | | | |
| | 2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B | | | | |
| | 3 Interest on savings and temporary cash investments | | | | |
| | 4 Dividends and interest from securities | | | | |
| | 5a Gross rents | | | | |
| | b Net rental income or (loss) | | | | |
| | 6a Net gain or (loss) from sale of assets not on line 10 | | | | |
| | b Gross sales price for all assets on line 6a | | | | |
| | 7 Capital gain net income (from Part IV, line 2) | | | 0 | |
| | 8 Net short-term capital gain | | | 0 | |
| | 9 Income modifications | | | | |
| | 10a Gross sales less returns and allowances | | | | |
| b Less Cost of goods sold | | | | | |
| c Gross profit or (loss) (attach schedule) | | | | | |
| 11 Other income (attach schedule) | 712,096 | 0 | 712,096 | | |
| 12 Total. Add lines 1 through 11 | 1,078,932 | 0 | 712,096 | | |
| Operating and Administrative Expenses | 13 Compensation of officers, directors, trustees, etc | 0 | 0 | 0 | 0 |
| | 14 Other employee salaries and wages | 2,028,647 | 0 | 190,796 | 1,837,851 |
| | 15 Pension plans, employee benefits | 332,950 | 0 | 31,314 | 301,636 |
| | 16a Legal fees (attach schedule) | 177 | 0 | 17 | 160 |
| | b Accounting fees (attach schedule) | | | | |
| | c Other professional fees (attach schedule) | | | | |
| | 17 Interest | | | | |
| | 18 Taxes (attach schedule) (see instructions) | | | | |
| | 19 Depreciation (attach schedule) and depletion | 352,520 | 0 | 352,520 | |
| | 20 Occupancy | | | | |
| | 21 Travel, conferences, and meetings | 105,482 | 0 | 9,921 | 95,561 |
| | 22 Printing and publications | 1,169 | 0 | 110 | 1,059 |
| | 23 Other expenses (attach schedule) | 1,354,785 | 0 | 127,418 | 1,227,367 |
| | 24 Total operating and administrative expenses. Add lines 13 through 23 | 4,175,730 | 0 | 712,096 | 3,463,634 |
| | 25 Contributions, gifts, grants paid | 37,951 | | | 37,951 |
| 26 Total expenses and disbursements. Add lines 24 and 25 | 4,213,681 | 0 | 712,096 | 3,501,585 | |
| 27 Subtract line 26 from line 12 | | | | | |
| a Excess of revenue over expenses and disbursements | -3,134,749 | | | | |
| b Net investment income (if negative, enter -0-) | | 0 | | | |
| c Adjusted net income (if negative, enter -0-) | | | 0 | | |

| Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions) | | Beginning of year | End of year | |
|--|--|-------------------|----------------|-----------------------|
| | | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| Assets | 1 Cash—non-interest-bearing | 29,575 | 64,336 | 64,336 |
| | 2 Savings and temporary cash investments | | | |
| | 3 Accounts receivable ▶ <u>56,485</u> | | | |
| | Less allowance for doubtful accounts ▶ _____ | 22,842 | 56,485 | 56,485 |
| | 4 Pledges receivable ▶ _____ | | | |
| | Less allowance for doubtful accounts ▶ _____ | | | |
| | 5 Grants receivable | | | |
| | 6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) | | | |
| | 7 Other notes and loans receivable (attach schedule) ▶ _____ | | | |
| | Less allowance for doubtful accounts ▶ _____ | | | |
| | 8 Inventories for sale or use | | | |
| | 9 Prepaid expenses and deferred charges | | | |
| | 10a Investments—U S and state government obligations (attach schedule) | | | |
| | b Investments—corporate stock (attach schedule) | | | |
| | c Investments—corporate bonds (attach schedule) | | | |
| | 11 Investments—land, buildings, and equipment basis ▶ <u>19,332,001</u> | | | |
| Less accumulated depreciation (attach schedule) ▶ <u>1,005,783</u> | 16,247,605 | 18,326,218 | 18,326,218 | |
| 12 Investments—mortgage loans | | | | |
| 13 Investments—other (attach schedule) | | | | |
| 14 Land, buildings, and equipment basis ▶ _____ | | | | |
| Less accumulated depreciation (attach schedule) ▶ _____ | | | | |
| 15 Other assets (describe ▶ _____) | | | | |
| 16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I) | 16,300,022 | 18,447,039 | 18,447,039 | |
| Liabilities | 17 Accounts payable and accrued expenses | 59,836 | 188,754 | |
| | 18 Grants payable | | | |
| | 19 Deferred revenue | | | |
| | 20 Loans from officers, directors, trustees, and other disqualified persons | 16,840,524 | 21,993,372 | |
| | 21 Mortgages and other notes payable (attach schedule) | | | |
| | 22 Other liabilities (describe ▶ _____) | | | |
| | 23 Total liabilities (add lines 17 through 22) | 16,900,360 | 22,182,126 | |
| Net Assets or Fund Balances | Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31. | | | |
| | 24 Unrestricted | | | |
| | 25 Temporarily restricted | | | |
| | 26 Permanently restricted | | | |
| | Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31. | | | |
| | 27 Capital stock, trust principal, or current funds | 0 | 0 | |
| | 28 Paid-in or capital surplus, or land, bldg, and equipment fund | 0 | 0 | |
| 29 Retained earnings, accumulated income, endowment, or other funds | -600,338 | -3,735,087 | | |
| 30 Total net assets or fund balances (see instructions) | -600,338 | -3,735,087 | | |
| 31 Total liabilities and net assets/fund balances (see instructions) . | 16,300,022 | 18,447,039 | | |

| Part III Analysis of Changes in Net Assets or Fund Balances | | |
|---|----------|------------|
| 1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) | 1 | -600,338 |
| 2 Enter amount from Part I, line 27a | 2 | -3,134,749 |
| 3 Other increases not included in line 2 (itemize) ▶ _____ | 3 | 0 |
| 4 Add lines 1, 2, and 3 | 4 | -3,735,087 |
| 5 Decreases not included in line 2 (itemize) ▶ _____ | 5 | 0 |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . | 6 | -3,735,087 |

Part IV Capital Gains and Losses for Tax on Investment Income

| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co.) | (b) How acquired P—Purchase D—Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
|--|---|---|-------------------------------------|
| 1a | | | |
| | | | |
| | | | |
| | | | |

| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) (e) plus (f) minus (g) |
|--------------------------|---|--|---|
| a | | | |
| b | | | |
| c | | | |
| d | | | |
| e | | | |

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 | | | (l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h)) |
|---|---|--|--|
| (i) F M V as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col. (i) over col. (j), if any | |
| a | | | |
| b | | | |
| c | | | |
| d | | | |
| e | | | |

| | | |
|--|---|--|
| 2 Capital gain net income or (net capital loss) | 2 | |
| { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 } | | |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) | 3 | |
| { If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 } | | |

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

| 1 Enter the appropriate amount in each column for each year, see instructions before making any entries | | | |
|---|--|--|---|
| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use assets | (d) Distribution ratio (col. (b) divided by col. (c)) |
| 2017 | 2,935,027 | 88,074 | 33.324557 |
| 2016 | | | |
| 2015 | | | |
| 2014 | | | |
| 2013 | | | |
| 2 Total of line 1, column (d) | | | 33.324557 |
| 3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years | | | 33.324557 |
| 4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5 | | | 37,187 |
| 5 Multiply line 4 by line 3 | | | 1,239,240 |
| 6 Enter 1% of net investment income (1% of Part I, line 27b) | | | 0 |
| 7 Add lines 5 and 6 | | | 1,239,240 |
| 8 Enter qualifying distributions from Part XII, line 4 | | | 3,501,585 |
| If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions. | | | |

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

Table with 11 rows for excise tax calculations. Includes fields for exempt foundations, tax under section 511, subtitle A tax, and total tax due/overpayment. Includes sub-table for 2018 estimated tax payments (6a-6d).

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Columns include question number, 'Yes', and 'No' responses. Questions cover political activities, unrelated business income, and asset requirements.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, distribution to donor advised fund, public inspection requirements, and books in care of.

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15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here and enter the amount of tax-exempt interest received or accrued during the year. 15

16 At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? Yes No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

Main table for Part VII-B with 3 columns: Question, Yes, No. Rows 1a-1c, 2a-2c, 3a-3b, 4a-4b regarding Form 4720 exceptions and requirements.

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

| 3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE". | | |
|---|---------------------------------|------------------|
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| FELD ENTERTAINMENT 800 FELD WAY PALMETTO, FL 34221 | ANIMAL CARE/TRANSITION SERVICES | 500,000 |
| BURNHAM CONSTRUCTION 11413 ENTERPRISE E MACCLENNY, FL 32063 | CONSTRUCTION | 279,959 |
| ADISA PO BOX 380007 JACKSONVILLE, FL 32205 | STRATEGIC PLANNING CONSULTANT | 94,786 |
| ERIC'S ALL AMERICAN CONSTRUCTION 281919 LAKE HAMPTON ROAD HILLIARD, FL 32046 | CONSTRUCTION | 61,149 |
| | | |
| Total number of others receiving over \$50,000 for professional services. ▶ | | 0 |

Part IX-A Summary of Direct Charitable Activities

| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | Expenses |
|--|-----------|
| 1 WILDLIFE SERVICE PROGRAMS | 3,033,429 |
| 2 CONSERVATION EDUCATION PROGRAMS | 1,180,252 |
| 3 | |
| | |
| 4 | |
| | |

Part IX-B Summary of Program-Related Investments (see instructions)

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | Amount |
|--|--------|
| 1 | |
| | |
| 2 | |
| | |
| All other program-related investments. See instructions. | |
| 3 | |
| | |
| Total. Add lines 1 through 3 ▶ | 0 |

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

| | | | |
|----------|--|-----------|--------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes | | |
| a | Average monthly fair market value of securities. | 1a | 0 |
| b | Average of monthly cash balances. | 1b | 37,753 |
| c | Fair market value of all other assets (see instructions). | 1c | 0 |
| d | Total (add lines 1a, b, and c). | 1d | 37,753 |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). | 1e | 0 |
| 2 | Acquisition indebtedness applicable to line 1 assets. | 2 | 0 |
| 3 | Subtract line 2 from line 1d. | 3 | 37,753 |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). | 4 | 566 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4. | 5 | 37,187 |
| 6 | Minimum investment return. Enter 5% of line 5. | 6 | 1,859 |

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

| | | | |
|-----------|--|-----------|--|
| 1 | Minimum investment return from Part X, line 6. | 1 | |
| 2a | Tax on investment income for 2018 from Part VI, line 5. | 2a | |
| b | Income tax for 2018 (This does not include the tax from Part VI). | 2b | |
| c | Add lines 2a and 2b. | 2c | |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1. | 3 | |
| 4 | Recoveries of amounts treated as qualifying distributions. | 4 | |
| 5 | Add lines 3 and 4. | 5 | |
| 6 | Deduction from distributable amount (see instructions). | 6 | |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. | 7 | |

Part XII Qualifying Distributions (see instructions)

| | | | |
|----------|--|-----------|-----------|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes | | |
| a | Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. | 1a | 3,501,585 |
| b | Program-related investments—total from Part IX-B. | 1b | 0 |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the | | |
| a | Suitability test (prior IRS approval required). | 3a | |
| b | Cash distribution test (attach the required schedule). | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4. | 4 | 3,501,585 |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions. | 5 | 0 |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4. | 6 | 3,501,585 |

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2017 | (c) 2017 | (d) 2018 |
|--|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2018 from Part XI, line 7 | | | | |
| 2 Undistributed income, if any, as of the end of 2018 | | | | |
| a Enter amount for 2017 only. | | | | |
| b Total for prior years 20___, 20___, 20___ | | | | |
| 3 Excess distributions carryover, if any, to 2018 | | | | |
| a From 2013. | | | | |
| b From 2014. | | | | |
| c From 2015. | | | | |
| d From 2016. | | | | |
| e From 2017. | | | | |
| f Total of lines 3a through e. | | | | |
| 4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ _____ | | | | |
| a Applied to 2017, but not more than line 2a | | | | |
| b Applied to undistributed income of prior years (Election required—see instructions). | | | | |
| c Treated as distributions out of corpus (Election required—see instructions). | | | | |
| d Applied to 2018 distributable amount. | | | | |
| e Remaining amount distributed out of corpus | | | | |
| 5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a)) | | | | |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | | | | |
| b Prior years' undistributed income Subtract line 4b from line 2b | | | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. | | | | |
| d Subtract line 6c from line 6b Taxable amount—see instructions | | | | |
| e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions | | | | |
| f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019 | | | | |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). | | | | |
| 8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions). | | | | |
| 9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a | | | | |
| 10 Analysis of line 9 | | | | |
| a Excess from 2014. | | | | |
| b Excess from 2015. | | | | |
| c Excess from 2016. | | | | |
| d Excess from 2017. | | | | |
| e Excess from 2018. | | | | |

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. 2016-05-12

b Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

| | Tax year | | | | (e) Total |
|--|------------|------------|------------|-----------|------------|
| | (a) 2018 | (b) 2017 | (c) 2016 | (d) 2015 | |
| 2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed | 0 | 0 | 0 | 0 | 0 |
| b 85% of line 2a | 0 | 0 | 0 | 0 | 0 |
| c Qualifying distributions from Part XII, line 4 for each year listed | 3,501,585 | 2,935,027 | 2,109,081 | 2,312,941 | 10,858,634 |
| d Amounts included in line 2c not used directly for active conduct of exempt activities | 0 | 0 | 0 | 0 | 0 |
| e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c | 3,501,585 | 2,935,027 | 2,109,081 | 2,312,941 | 10,858,634 |
| 3 Complete 3a, b, or c for the alternative test relied upon | | | | | |
| a "Assets" alternative test—enter | | | | | |
| (1) Value of all assets | 18,447,039 | 16,300,022 | 15,491,356 | 4,897,556 | 55,135,973 |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | 18,447,039 | 16,300,022 | 15,491,356 | 4,897,556 | 55,135,973 |
| b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. | | | | | 0 |
| c "Support" alternative test—enter | | | | | |
| (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) | | | | | 0 |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). | | | | | 0 |
| (3) Largest amount of support from an exempt organization | | | | | 0 |
| (4) Gross investment income | | | | | 0 |

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:
a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:
 Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc to individuals or organizations under other conditions, complete items 2a, b, c, and d See instructions

a The name, address, and telephone number or email address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|---|--------------------------------|----------------------------------|--------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> WILDLIFE CONSERVATION GLOBAL 1615 RIVERSIDE AVE JACKSONVILLE, FL 32204 | | PC | OKAPI CONSERVATION PROJECT | 37,951 |
| Total | | | ▶ 3a | |
| b <i>Approved for future payment</i> | | | | |
| Total | | | ▶ 3b | |

TY 2018 Legal Fees Schedule**Name:** WHITE OAK CONSERVATION FOUNDATION INC**EIN:** 46-4249512

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|-----------------|---------------|----------------------------------|--------------------------------|--|
| LEGAL FEES | 177 | 0 | 17 | 160 |

TY 2018 Loans from Officers Schedule**Name:** WHITE OAK CONSERVATION FOUNDATION INC**EIN:** 46-4249512

| | |
|--|------------------------------|
| Item No. | 1 |
| Lender's Name | MARK WALTER |
| Lender's Title | DIRECTOR |
| Original Amount of Loan | 839000 |
| Balance Due | 21993372 |
| Date of Note | 2015-01 |
| Maturity Date | 2017-06 |
| Repayment Terms | ON DEMAND |
| Interest Rate | 0.000000000000 |
| Security Provided by Borrower | N/A |
| Purpose of Loan | TO FUND OPERATING ACTIVITIES |
| Description of Lender Consideration | |
| Consideration FMV | |

TY 2018 Other Expenses Schedule**Name:** WHITE OAK CONSERVATION FOUNDATION INC**EIN:** 46-4249512**Other Expenses Schedule**

| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|--------------------------------|--------------------------------|-----------------------|---------------------|---------------------------------------|
| CONTRACT SERVICES | 193,429 | 0 | 18,189 | 175,240 |
| REPAIRS AND MAINTENANCE | 127,620 | 0 | 12,003 | 115,617 |
| EDUCATIONAL SUPPLIES | 18,187 | 0 | 1,711 | 16,476 |
| BOOKS, SUBS, REF | 133 | 0 | 13 | 120 |
| INTERNET AND COMPUTER SUPPLIES | 14,315 | 0 | 1,346 | 12,969 |
| AUDIO AND VISUAL EXPENSES | 4,620 | 0 | 435 | 4,185 |
| POSTAGE, MAILING SERVICE | 9,804 | 0 | 922 | 8,882 |
| OFFICE SUPPLIES | 1,596 | 0 | 150 | 1,446 |
| CONSUMABLES | 2,375 | 0 | 223 | 2,152 |
| SUPPLIES | 12,846 | 0 | 1,208 | 11,638 |

Other Expenses Schedule

| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|-------------------------------------|---------------------------------------|------------------------------|----------------------------|--|
| TELEPHONE, TELECOMMUNICATIONS | 6,353 | 0 | 598 | 5,755 |
| ANIMAL TRANSPORT | 7,613 | 0 | 716 | 6,897 |
| VETERINARY MEDICAL DRUGS | 53,908 | 0 | 5,070 | 48,838 |
| VETERINARY MEDICAL SUPPLIES | 11,787 | 0 | 1,109 | 10,678 |
| VETERINARY LABORATORY SUPPLIES | 30,979 | 0 | 2,914 | 28,065 |
| ANIMAL FEED AND SUPPLEMENTS | 502,086 | 0 | 47,222 | 454,864 |
| LABORATORY SERVICES | 73,849 | 0 | 6,946 | 66,903 |
| CHEMICALS | 7,169 | 0 | 674 | 6,495 |
| HAZARDOUS WASTE DISPOSAL | 1,087 | 0 | 102 | 985 |
| DUES, SUBSCRIPTIONS AND MEMBERSHIPS | 46,417 | 0 | 4,366 | 42,051 |

Other Expenses Schedule

| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|----------------------------------|---------------------------------------|------------------------------|----------------------------|--|
| EDUCATION/ CERTIFICATIONS | 2,594 | 0 | 244 | 2,350 |
| OTHER COSTS | 5,722 | 0 | 538 | 5,184 |
| EQUIP RENTAL AND MAINTENANCE | 15,826 | 0 | 1,488 | 14,338 |
| UTILITIES | 96,504 | 0 | 9,076 | 87,428 |
| FUELS | 59,341 | 0 | 5,581 | 53,760 |
| BUSINESS EXPENSES | 21,506 | 0 | 2,023 | 19,483 |
| HURRICANES MATTHEW & IRMA LOSSES | 27,119 | 0 | 2,551 | 24,568 |

TY 2018 Other Income Schedule**Name:** WHITE OAK CONSERVATION FOUNDATION INC**EIN:** 46-4249512**Other Income Schedule**

| Description | Revenue And Expenses Per Books | Net Investment Income | Adjusted Net Income |
|------------------------------------|--------------------------------|-----------------------|---------------------|
| TOURS, CAMPS AND WILDLIFE SERVICES | 712,096 | | 712,096 |

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors
▶ Attach to Form 990, 990-EZ, or 990-PF
▶ Go to www.irs.gov/Form990 for the latest information

OMB No 1545-0047
2018

Name of the organization
WHITE OAK CONSERVATION FOUNDATION INC

Employer identification number
46-4249512

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹ 3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

| | |
|--|---|
| Name of organization WHITE OAK CONSERVATION FOUNDATION INC | Employer identification number 46-4249512 |
|--|---|

| Part I Contributors (See Instructions) Use duplicate copies of Part I if additional space is needed | | | |
|--|--|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| — | See Additional Data Table <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| — | <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| — | <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| — | <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| — | <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| — | <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| — | <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |

| | |
|--|---|
| Name of organization WHITE OAK CONSERVATION FOUNDATION INC | Employer identification number 46-4249512 |
|--|---|

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|------------------------|---------------------|-----------------|-------------------------------------|
| | _____ _____ | _____ _____ | _____ _____ |

| | |
|---------------------------------------|--|
| (e) Transfer of gift | |
| Transferee's name, address, and ZIP 4 | Relationship of transferor to transferee |
| _____ _____ | _____ _____ |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|------------------------|---------------------|-----------------|-------------------------------------|
| | _____ _____ | _____ _____ | _____ _____ |

| | |
|---------------------------------------|--|
| (e) Transfer of gift | |
| Transferee's name, address, and ZIP 4 | Relationship of transferor to transferee |
| _____ _____ | _____ _____ |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|------------------------|---------------------|-----------------|-------------------------------------|
| | _____ _____ | _____ _____ | _____ _____ |

| | |
|---------------------------------------|--|
| (e) Transfer of gift | |
| Transferee's name, address, and ZIP 4 | Relationship of transferor to transferee |
| _____ _____ | _____ _____ |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|------------------------|---------------------|-----------------|-------------------------------------|
| | _____ _____ | _____ _____ | _____ _____ |

| | |
|---------------------------------------|--|
| (e) Transfer of gift | |
| Transferee's name, address, and ZIP 4 | Relationship of transferor to transferee |
| _____ _____ | _____ _____ |

Additional Data

Software ID:

Software Version:

EIN: 46-4249512

Name: WHITE OAK CONSERVATION FOUNDATION INC

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|---|----------------------------|---|
| 1 | AB AND GR PORTER PO BOX 16270 FERNANDINA BEACH, FL 32035 | \$ 2,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 2 | ABIGAIL GARY LEGG 95247 BARNWELL ROAD AMELIA ISLAND, FL 32034 | \$ 25 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 3 | ALLAN E REYNOLDS 30 HOLIDAY DRIVE 222 DOVER, NH 03820 | \$ 200 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 4 | AMIELLE DEWAN 478 MAIN STREET APT 3B BEACON, NY 12508 | \$ 50 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 5 | ANDREW ARONS 1657 SILVERPINE DRIVE NORTHBROOK, IL 60062 | \$ 36 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 6 | ANDREW WILLIAMS 2706 OAKRIDGE AVE MADISON, WI 53704 | \$ 500 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 7 | ANGELA BRAREN | \$ 75 | Person <input checked="" type="checkbox"/> |
| | 301 HOWARD ST SUITE 830 | | Payroll <input type="checkbox"/> |
| | SAN FRANCISCO, CA 94105 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 8 | ANNA KEVIN NICKELSON | \$ 100 | Person <input checked="" type="checkbox"/> |
| | 27024 COUNTRY DRIVE | | Payroll <input type="checkbox"/> |
| | HILLIARD, FL 32046 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 9 | ANONYMOUS DONOR | \$ 25 | Person <input checked="" type="checkbox"/> |
| | 581705 WHITE OAK ROAD | | Payroll <input type="checkbox"/> |
| | YULEE, FL 32097 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 10 | ARBUS MAGAZINE INC | \$ 883 | Person <input checked="" type="checkbox"/> |
| | 1816 LANDON AVE | | Payroll <input type="checkbox"/> |
| | JACKSONVILLE, FL 32207 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 11 | ARCHBOLD BIOLOGICAL STATION | \$ 11,000 | Person <input checked="" type="checkbox"/> |
| | 123 MAIN DRIVE | | Payroll <input type="checkbox"/> |
| | VENUS, FL 33960 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 12 | ARNOLD P FUST | \$ 100 | Person <input checked="" type="checkbox"/> |
| | 1000 VICARS LANDING WAY | | Payroll <input type="checkbox"/> |
| | PONTE VEDRA BEACH, FL 32082 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 13 | ASHLEY MEDEROS | \$ 100 | Person <input checked="" type="checkbox"/> |
| | 2000 FLORIDA BLVD | | Payroll <input type="checkbox"/> |
| | NEPTUNE BEACH, FL 32266 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 14 | BARBARA JOHNSON | \$ 200 | Person <input checked="" type="checkbox"/> |
| | 1000 VICARS LANDING WAY | | Payroll <input type="checkbox"/> |
| | PONTE VEDRA BEACH, FL 32082 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 15 | BEVERLY SINCLAIR | \$ 500 | Person <input checked="" type="checkbox"/> |
| | 1B 6TH STREET | | Payroll <input type="checkbox"/> |
| | ST AUGUSTINE, FL 32080 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 16 | BLUE MOON FARMS LLC | \$ 200 | Person <input checked="" type="checkbox"/> |
| | 12 SOUND POINT PL | | Payroll <input type="checkbox"/> |
| | AMELIA ISLAND, FL 32034 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 17 | BRANDY CARVALHO | \$ 1 | Person <input checked="" type="checkbox"/> |
| | 581705 WHITE OAK ROAD | | Payroll <input type="checkbox"/> |
| | YULEE, FL 32097 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 18 | BRIDGET A BYRNE | \$ 100 | Person <input checked="" type="checkbox"/> |
| | 1408 CERRO GORDO ST | | Payroll <input type="checkbox"/> |
| | LOS ANGELES, CA 90026 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |

Form 990 Schedule B, Part I - Contributors (see instructions) Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 19 | CARLEEN O'BRIEN | \$ 100 | Person <input checked="" type="checkbox"/> |
| | 762 SOUTH STREET | | Payroll <input type="checkbox"/> |
| | PROVINCE, MA 02492 | | (Complete Part II for noncash contributions) |
| 20 | CATHY SANCHEZ | \$ 25 | Person <input checked="" type="checkbox"/> |
| | 11706 197TH STREET | | Payroll <input type="checkbox"/> |
| | MOKENA, IL 60448 | | (Complete Part II for noncash contributions) |
| 21 | CHARLES AND DIANE KUNZ | \$ 756 | Person <input checked="" type="checkbox"/> |
| | 3711 STONEYBROOK DR | | Payroll <input type="checkbox"/> |
| | DURHAM, NC 27706 | | (Complete Part II for noncash contributions) |
| 22 | CHARLOTTE MASON PUMPHREY | \$ 100 | Person <input checked="" type="checkbox"/> |
| | 13852 INTRACOASTAL SOUND DR | | Payroll <input type="checkbox"/> |
| | JACKSONVILLE, FL 32224 | | (Complete Part II for noncash contributions) |
| 23 | CHERYL HANNO | \$ 25 | Person <input checked="" type="checkbox"/> |
| | 3715 GREEN SPRING DRIVE | | Payroll <input type="checkbox"/> |
| | FORT COLLINS, CO 80528 | | (Complete Part II for noncash contributions) |
| 24 | CHRIS CHRISTINA COMBE | \$ 1,000 | Person <input checked="" type="checkbox"/> |
| | 1101 WESTCHESTER AVE | | Payroll <input type="checkbox"/> |
| | WHITE PLAINS, NY 10604 | | (Complete Part II for noncash contributions) |

Form 990 Schedule B, Part I - Contributors (see instructions) Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 25 | CHRISTOPHER KUHAR | \$ 50 | Person <input checked="" type="checkbox"/> |
| | 21419 JONATHAN DR | | Payroll <input type="checkbox"/> |
| | STRONGSVILLE, OH 44149 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 26 | CINDY PORTNOY | \$ 200 | Person <input checked="" type="checkbox"/> |
| | 5301 NW 65TH TERRACE | | Payroll <input type="checkbox"/> |
| | CORAL SPRINGS, FL 33067 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 27 | CLAIRE MARTIN | \$ 250 | Person <input checked="" type="checkbox"/> |
| | 2108 CESTIUS ROAD | | Payroll <input type="checkbox"/> |
| | WINTER GARDEN, FL 34787 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 28 | CLAYTON DUHL | \$ 25 | Person <input checked="" type="checkbox"/> |
| | 133 DEER LAKE CIRCLE | | Payroll <input type="checkbox"/> |
| | ORMOND BEACH, FL 32174 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 29 | DANIEL HENNING | \$ 2,500 | Person <input checked="" type="checkbox"/> |
| | 750 HAMMOND DRIVE BLDG ONE | | Payroll <input type="checkbox"/> |
| | SANDY SPRINGS, GA 30328 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 30 | DAVID MIZEJEWSKI | \$ 50 | Person <input checked="" type="checkbox"/> |
| | 112 MADISON ST NW | | Payroll <input type="checkbox"/> |
| | WASHINGTON, DC 20011 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |

Form 990 Schedule B, Part I - Contributors (see instructions) Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 31 | DEBORAH PEASE | \$ 50 | Person <input checked="" type="checkbox"/> |
| | 1700 FREDERICA RD SUITE 206 | | Payroll <input type="checkbox"/> |
| | ST SIMONS ISLAND, GA 31522 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 32 | DENISE RAMSEY | \$ 300 | Person <input checked="" type="checkbox"/> |
| | 1221 CHALLENGE AVENUE | | Payroll <input type="checkbox"/> |
| | JACKSONVILLE, FL 32205 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 33 | DISNEY WORLDWIDE SERVICES INC | \$ 10,000 | Person <input checked="" type="checkbox"/> |
| | 1375 BUENA VISTA DR | | Payroll <input type="checkbox"/> |
| | LAKE BUENA VISTA, FL 32830 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 34 | DOMINICK AND MARYLIN SORRENTINO | \$ 300 | Person <input checked="" type="checkbox"/> |
| | 12640 SHOAL CREEK LN | | Payroll <input type="checkbox"/> |
| | N JACKSONVILLE, FL 32225 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 35 | DONALD MACKENZIE | \$ 250 | Person <input checked="" type="checkbox"/> |
| | 99 WOODS IBIS | | Payroll <input type="checkbox"/> |
| | AMELIA ISLAND, FL 32034 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 36 | DONNA FELGER | \$ 250 | Person <input checked="" type="checkbox"/> |
| | 1366 HOLMES DALE ROAD | | Payroll <input type="checkbox"/> |
| | JACKSONVILLE, FL 32207 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |

Form 990 Schedule B, Part I - Contributors (see instructions) Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|---|----------------------------|---|
| 37 | DR ANDREW AND KAREN KAUNITZ 2966 FOREST CIRCLE | \$ 200 | Person <input checked="" type="checkbox"/> |
| | JACKSONVILLE, FL 32257 | | Payroll <input type="checkbox"/> |
| | | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 38 | DR DAVID NEWTON 100 STEEPLECHASE LANE | \$ 200 | Person <input checked="" type="checkbox"/> |
| | WINCHESTER, VA 22602 | | Payroll <input type="checkbox"/> |
| | | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 39 | EDMUND M HERROLD ELLEN YAMAGUCHI 181 E 73RD ST 11A | \$ 500 | Person <input checked="" type="checkbox"/> |
| | NEW YORK, NY 10021 | | Payroll <input type="checkbox"/> |
| | | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 40 | EDNA RALPH CHILTON 1000 VICARS LANDING WAY | \$ 100 | Person <input checked="" type="checkbox"/> |
| | PONTE VEDRA BEACH, FL 32082 | | Payroll <input type="checkbox"/> |
| | | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 41 | EDWARD A ELLIS 7639 ELLEN STREET | \$ 100 | Person <input checked="" type="checkbox"/> |
| | WEST MELBOURNE, FL 32904 | | Payroll <input type="checkbox"/> |
| | | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 42 | EDWIN J MONSMA 1000 VICARS LANDING WAY | \$ 200 | Person <input checked="" type="checkbox"/> |
| | PONTE VERDRA, FL 32082 | | Payroll <input type="checkbox"/> |
| | | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 43 | ELIZABETH ALLGOOD | \$ 100 | Person <input checked="" type="checkbox"/> |
| | 4203 UNDERWOOD STREET | | Payroll <input type="checkbox"/> |
| | UNIVERSITY PARK, MD 20782 | | Noncash <input type="checkbox"/> |
| | | | (Complete Part II for noncash contributions) |
| 44 | ELIZABETH C HINES | \$ 100 | Person <input checked="" type="checkbox"/> |
| | 2600 PEACHTREE ROAD NW | | Payroll <input type="checkbox"/> |
| | ATLANTA, GA 30305 | | Noncash <input type="checkbox"/> |
| | | | (Complete Part II for noncash contributions) |
| 45 | ELIZABETH ELARBEE | \$ 25 | Person <input checked="" type="checkbox"/> |
| | 1668 ROYAL FERN LANE | | Payroll <input type="checkbox"/> |
| | FLEMING ISLAND, FL 32003 | | Noncash <input type="checkbox"/> |
| | | | (Complete Part II for noncash contributions) |
| 46 | ELIZABETH HANNO | \$ 25 | Person <input checked="" type="checkbox"/> |
| | 393 OLD NORWALK RD | | Payroll <input type="checkbox"/> |
| | NEW CANAAN, CT 06840 | | Noncash <input type="checkbox"/> |
| | | | (Complete Part II for noncash contributions) |
| 47 | ELIZABETH KING | \$ 50 | Person <input checked="" type="checkbox"/> |
| | 109 DILWORTH ST | | Payroll <input type="checkbox"/> |
| | ST MARYS, GA 31558 | | Noncash <input type="checkbox"/> |
| | | | (Complete Part II for noncash contributions) |
| 48 | ELIZABETH MANIGAULT | \$ 7,500 | Person <input checked="" type="checkbox"/> |
| | 27 KING STREET | | Payroll <input type="checkbox"/> |
| | CHARLESTON, SC 29401 | | Noncash <input type="checkbox"/> |
| | | | (Complete Part II for noncash contributions) |

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 49 | ELIZABETH MURDOCK | \$ 100 | Person <input checked="" type="checkbox"/> |
| | 538 CONGO STREET | | Payroll <input type="checkbox"/> |
| | SAN FRANCISCO, CA 94131 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 50 | ERROL MAZURSKY | \$ 100 | Person <input checked="" type="checkbox"/> |
| | 135 HEDGEWOOD DRIVE | | Payroll <input type="checkbox"/> |
| | GREENBELT, MD 20770 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 51 | FRANCES MCFARLAND | \$ 100 | Person <input checked="" type="checkbox"/> |
| | 112 ELLA LANE | | Payroll <input type="checkbox"/> |
| | DALTON, GA 30720 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 52 | FRANK H BARKER | \$ 2,000 | Person <input checked="" type="checkbox"/> |
| | 149 TWELVE OAKS LANE | | Payroll <input type="checkbox"/> |
| | PONTE VEDRA BEACH, FL 32082 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 53 | GAIL ARROWSMITH | \$ 500 | Person <input checked="" type="checkbox"/> |
| | 4800 LAKESHORE DRIVE W | | Payroll <input type="checkbox"/> |
| | FLEMING ISLAND, FL 32003 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 54 | HOUSTON ZOO | \$ 21,800 | Person <input checked="" type="checkbox"/> |
| | 6200 HERMANN PARK DR | | Payroll <input type="checkbox"/> |
| | HOUSTON, TX 77008 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|---------------------------------------|----------------------------|---|
| 55 | IIAM SWEATMAN | \$ 500 | Person <input checked="" type="checkbox"/> |
| | PO BOX 659 | | Payroll <input type="checkbox"/> |
| | STOWE, VT 05672 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 56 | INTERNATIONAL ANIMAL EXCHANGE | \$ 37,951 | Person <input checked="" type="checkbox"/> |
| | 25600 WOODWARD AVE SUITE 110 | | Payroll <input type="checkbox"/> |
| | ROYAL OAK, MI 48067 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 57 | INTERNATIONAL FUND FOR ANIMAL WELFARE | \$ 9,050 | Person <input checked="" type="checkbox"/> |
| | 1400 16TH ST NW SUITE 510 | | Payroll <input type="checkbox"/> |
| | WASHINGTON, DC 20036 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 58 | JACK SULLIVAN | \$ 50 | Person <input checked="" type="checkbox"/> |
| | 6448 S GOLDENROD ROAD UNIT C | | Payroll <input type="checkbox"/> |
| | ORLANDO, FL 32822 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 59 | JACKSON HOLE WILDLIFE FOUNDATION | \$ 250 | Person <input checked="" type="checkbox"/> |
| | 330 N GLENWOOD ST | | Payroll <input type="checkbox"/> |
| | JACKSON, WY 83001 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 60 | JACQUELINE OGDEN | \$ 250 | Person <input checked="" type="checkbox"/> |
| | 4086 GARDNER DRIVE | | Payroll <input type="checkbox"/> |
| | PORT CHARLOTTE, FL 33952 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |

Form 990 Schedule B, Part I - Contributors (see instructions) Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 61 | JAMES BERG | \$ 25 | Person <input checked="" type="checkbox"/> |
| | 33073 SUNNY PARKE CIRCLE | | Payroll <input type="checkbox"/> |
| | FERNANDINA BEACH, FL 32034 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 62 | JAMES H HUTCHISON | \$ 100 | Person <input checked="" type="checkbox"/> |
| | 501 OLD COUNTRY COURT | | Payroll <input type="checkbox"/> |
| | ST AUGUSTINE, FL 32092 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 63 | JAVIER MATEO VEGA | \$ 250 | Person <input checked="" type="checkbox"/> |
| | 16 SHERWOOD CT | | Payroll <input type="checkbox"/> |
| | HIGHLAND MILLS, NY 10930 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 64 | JEANNE GOLDBERG | \$ 100 | Person <input checked="" type="checkbox"/> |
| | 95017 TWIN OAKS LANE | | Payroll <input type="checkbox"/> |
| | FERNANDINA BEACH, FL 32034 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 65 | JEANNIE COLE | \$ 100 | Person <input checked="" type="checkbox"/> |
| | 4519 JIMINEY LOOP | | Payroll <input type="checkbox"/> |
| | COLUMBUS, GA 31909 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 66 | JEFFREY FLOCKEN | \$ 250 | Person <input checked="" type="checkbox"/> |
| | 530 NORTH ABINGDON STREET | | Payroll <input type="checkbox"/> |
| | ARLINGTON, VA 22203 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |

Form 990 Schedule B, Part I - Contributors (see instructions) Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 67 | JENNIFER E GARRISON | \$ 336 | Person <input checked="" type="checkbox"/> |
| | 451 COPP HOLLOW RD | | Payroll <input type="checkbox"/> |
| | WELLSBORO, PA 16901 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 68 | JENNIFER WELLER FRIEDMAN | \$ 35 | Person <input checked="" type="checkbox"/> |
| | PO BOX 296 | | Payroll <input type="checkbox"/> |
| | NEW SMYRNA BEACH, FL 32170 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 69 | JOAN A GRANDER | \$ 100 | Person <input checked="" type="checkbox"/> |
| | 1000 VICARS LANDING WAY APT C301 | | Payroll <input type="checkbox"/> |
| | PONTE VEDRA BEACH, FL 32082 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 70 | JOAN CLIFFORD | \$ 1,000 | Person <input checked="" type="checkbox"/> |
| | 840 NORTH LAKE SHORE DR | | Payroll <input type="checkbox"/> |
| | CHICAGO, IL 60611 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 71 | JOEL AND PEGGY DUHL | \$ 108 | Person <input checked="" type="checkbox"/> |
| | 955 PAMELA CIRCLE | | Payroll <input type="checkbox"/> |
| | ORMOND BEACH, FL 32176 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 72 | JOHN AUDREY MORAN | \$ 300 | Person <input checked="" type="checkbox"/> |
| | 1261 CHALLEN AVENUE | | Payroll <input type="checkbox"/> |
| | JACKSONVILLE, FL 32205 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 73 | JOHN AND KATHY MCILVAINE 8217 BAY TREE LANE | \$ 5,500 | Person <input checked="" type="checkbox"/> |
| | | | Payroll <input type="checkbox"/> |
| | JACKSONVILLE, FL 32256 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 74 | JOHN M EVERETT 5164 VILLAGE WAY | \$ 150 | Person <input checked="" type="checkbox"/> |
| | | | Payroll <input type="checkbox"/> |
| | AMELIA ISLAND, FL 32034 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 75 | JOHN PIERSOL 1380 GRAY FOX DR | \$ 50 | Person <input checked="" type="checkbox"/> |
| | | | Payroll <input type="checkbox"/> |
| | NORTH CANTON, OH 44720 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 76 | JOHN ROTH PO BOX 1499 | \$ 100 | Person <input checked="" type="checkbox"/> |
| | | | Payroll <input type="checkbox"/> |
| | SANFORD, NC 27331 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 77 | JOHNATHAN WINER 22 ANN SCOTT DRIVE | \$ 50 | Person <input checked="" type="checkbox"/> |
| | | | Payroll <input type="checkbox"/> |
| | SAINT JOHNS, FL 32259 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 78 | JUDITH CLARK 607 GREENFIELD LANE | \$ 5 | Person <input checked="" type="checkbox"/> |
| | | | Payroll <input type="checkbox"/> |
| | ST MARYS, GA 31558 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |

Form 990 Schedule B, Part I - Contributors (see instructions) Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 79 | JUDY BRAUS | \$ 50 | Person <input checked="" type="checkbox"/> |
| | 8100 QUINN TERRACE | | Payroll <input type="checkbox"/> |
| | VIENNA, VA 22180 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 80 | JULIA HARRIS | \$ 25 | Person <input checked="" type="checkbox"/> |
| | 9 CIRCLE OAKS TRL | | Payroll <input type="checkbox"/> |
| | ORMOND BEACH, FL 32174 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 81 | JULIE SCARDINA | \$ 50 | Person <input checked="" type="checkbox"/> |
| | 18101 OLD COACH RD | | Payroll <input type="checkbox"/> |
| | POWAY, CA 92064 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 82 | JULIE HAND | \$ 75 | Person <input checked="" type="checkbox"/> |
| | 6056 S BLACK OAK | | Payroll <input type="checkbox"/> |
| | SPRINGFIELD, MO 65804 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 83 | JULIE SHIMP | \$ 100 | Person <input checked="" type="checkbox"/> |
| | 215 SIXTEENTH ST | | Payroll <input type="checkbox"/> |
| | ST AUGUSTINE, FL 32084 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 84 | KAREN NEYER | \$ 100 | Person <input checked="" type="checkbox"/> |
| | 54 WEST GOWEN CIRCLE | | Payroll <input type="checkbox"/> |
| | PHILADELPHIA, PA 19119 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |

Form 990 Schedule B, Part I - Contributors (see instructions) Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 85 | KAREN S BROWER | \$ 100 | Person <input checked="" type="checkbox"/> |
| | 125 NANDINA CIRCLE | | Payroll <input type="checkbox"/> |
| | PONTE VEDRA BEACH, FL 32082 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 86 | KATHERINE JASON PATCHEN | \$ 5,000 | Person <input checked="" type="checkbox"/> |
| | PO BOX 486 | | Payroll <input type="checkbox"/> |
| | CRYSTAL BEACH, FL 34681 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 87 | KATHRYN KELLY | \$ 1,000 | Person <input checked="" type="checkbox"/> |
| | PO BOX 17199 | | Payroll <input type="checkbox"/> |
| | FERNANDINA BEACH, FL 32035 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 88 | KATHRYN OLIVER | \$ 100 | Person <input checked="" type="checkbox"/> |
| | 24473 HARBOUR VIEW DR | | Payroll <input type="checkbox"/> |
| | PONTE VEDRA BEACH, FL 32082 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 89 | KELLY AYLWARD | \$ 50 | Person <input checked="" type="checkbox"/> |
| | 6222 BEACHWAY DR | | Payroll <input type="checkbox"/> |
| | FALLS CHURCH, VA 22041 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 90 | KENNETH AND CAROL COPITHORNE | \$ 100 | Person <input checked="" type="checkbox"/> |
| | 9 MOSS OAKS DR | | Payroll <input type="checkbox"/> |
| | AMELIA ISLAND, FL 32034 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |

Form 990 Schedule B, Part I - Contributors (see instructions) Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|---|----------------------------|---|
| 91 | KEY IMPACT SALES & SYSTEMS INC | \$ 2,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | 1701 CROSSROADS DRIVE | | |
| | ODENTON, MD 21113 | | |
| 92 | KIM TORQUATO | \$ 100 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | 231 HALE DRIVE | | |
| | PROVINCE, NJ 08540 | | |
| 93 | KRIS FULWILER | \$ 250 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | 7879 WILLOW DRIVE | | |
| | ALGOMA, WI 54201 | | |
| 94 | LARRY B LAKE | \$ 1,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | 12 SARAGOSSA STREET | | |
| | ST AUGUSTINE, FL 32084 | | |
| 95 | LAWRENCE NAMDAR | \$ 75 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | 1422 MORAVIA AVE | | |
| | HOLLY HILL, FL 32117 | | |
| 96 | LIFE AT UCF LEARNING INSTITUTE FOR ELDERS | \$ 100 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | PO BOX 161390 | | |
| | ORLANDO, FL 32816 | | |

Form 990 Schedule B, Part I - Contributors (see instructions) Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-------------------------------------|----------------------------|---|
| 97 | LOUISE MCKILLOP | \$ 500 | Person <input checked="" type="checkbox"/> |
| | 835 SADDLE RIDGE TRACE | | Payroll <input type="checkbox"/> |
| | ROSWELL, GA 30076 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 98 | LYNNE PELLETIERE | \$ 500 | Person <input checked="" type="checkbox"/> |
| | 2405 BOXWOOD LANE | | Payroll <input type="checkbox"/> |
| | AMELIA ISLAND, FL 32034 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 99 | MARK D LESWING | \$ 500 | Person <input checked="" type="checkbox"/> |
| | 581705 WHITE OAK ROAD | | Payroll <input type="checkbox"/> |
| | YULEE, FL 32097 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 100 | MARTHA DUNCAN | \$ 20 | Person <input checked="" type="checkbox"/> |
| | 5914 GREEN POND DR | | Payroll <input type="checkbox"/> |
| | JACKSONVILLE, FL 32258 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 101 | MARTHA GOODRICH | \$ 500 | Person <input checked="" type="checkbox"/> |
| | 170 MCBRIDE ROAD | | Payroll <input type="checkbox"/> |
| | MARTINEZ, GA 30907 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 102 | MARY JEAN AND OLIVER TRAVERS FOUNDA | \$ 6,750 | Person <input checked="" type="checkbox"/> |
| | 15815 YEOHO ROAD | | Payroll <input type="checkbox"/> |
| | SPARKS, MD 21152 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |

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| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 103 | MARY STOCKARD | \$ 50 | Person <input checked="" type="checkbox"/> |
| | 110 S 6TH STREET | | Payroll <input type="checkbox"/> |
| | FERNANDINA BEACH, FL 32034 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 104 | MERCY GRAPES | \$ 50 | Person <input checked="" type="checkbox"/> |
| | 322 RIVERSIDE CRT | | Payroll <input type="checkbox"/> |
| | RICHMOND, VA 23238 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 105 | MEREDITH HOBEROCK | \$ 50 | Person <input checked="" type="checkbox"/> |
| | 620 E 71ST TERRACE | | Payroll <input type="checkbox"/> |
| | KANSAS CITY, MO 64131 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 106 | MICHAEL AND LABELLE | \$ 25 | Person <input checked="" type="checkbox"/> |
| | PO BOX 527 | | Payroll <input type="checkbox"/> |
| | FRUITDALE, AL 36539 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 107 | MICHAEL LAMB | \$ 100 | Person <input checked="" type="checkbox"/> |
| | 4737 PRINCESS ANNE LANE | | Payroll <input type="checkbox"/> |
| | JACKSONVILLE, FL 32210 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 108 | MICHAEL ROBBINS | \$ 600 | Person <input checked="" type="checkbox"/> |
| | 2218 OSTRUM DR | | Payroll <input type="checkbox"/> |
| | WATERFORD, MI 48328 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |

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| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 109 | MICKEY VERGARA | \$ 200 | Person <input checked="" type="checkbox"/> |
| | 165 OLD COLLEGE WAY | | Payroll <input type="checkbox"/> |
| | ATLANTA, GA 30328 | | Noncash <input type="checkbox"/> |
| | | | (Complete Part II for noncash contributions) |
| 110 | MORGAN DIECK | \$ 25 | Person <input checked="" type="checkbox"/> |
| | 95 EASTMOOR AVE APT 3 | | Payroll <input type="checkbox"/> |
| | DALY CITY, CA 94015 | | Noncash <input type="checkbox"/> |
| | | | (Complete Part II for noncash contributions) |
| 111 | MR MICHAEL HOWINGTON | \$ 100 | Person <input checked="" type="checkbox"/> |
| | 95429 BARNWELL RD | | Payroll <input type="checkbox"/> |
| | FERNANDINA BEACH, FL 32034 | | Noncash <input type="checkbox"/> |
| | | | (Complete Part II for noncash contributions) |
| 112 | MURREN HILL | \$ 250 | Person <input checked="" type="checkbox"/> |
| | 1660 MISTY LAKE DR | | Payroll <input type="checkbox"/> |
| | FLEMING, FL 32003 | | Noncash <input type="checkbox"/> |
| | | | (Complete Part II for noncash contributions) |
| 113 | NANCY MITCHELL | \$ 10 | Person <input checked="" type="checkbox"/> |
| | 3 FOLSOM POND ROAD | | Payroll <input type="checkbox"/> |
| | WAYLAND, MA 01778 | | Noncash <input type="checkbox"/> |
| | | | (Complete Part II for noncash contributions) |
| 114 | NATIONAL GEOGRAPHIC | \$ 20,000 | Person <input checked="" type="checkbox"/> |
| | 1145 17TH ST NW | | Payroll <input type="checkbox"/> |
| | WASHINGTON, DC 20036 | | Noncash <input type="checkbox"/> |
| | | | (Complete Part II for noncash contributions) |

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| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 115 | NEAL ROMANY CURY | \$ 1,000 | Person <input checked="" type="checkbox"/> |
| | 404 TURTLE RUN COURT | | Payroll <input type="checkbox"/> |
| | PONTE VEDRA BEACH, FL 32082 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 116 | NEW COMERS OF AMELIA ISLAND | \$ 75 | Person <input checked="" type="checkbox"/> |
| | 581705 WHITE OAK ROAD | | Payroll <input type="checkbox"/> |
| | YULEE, FL 32097 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 117 | NINA FASCIONE | \$ 250 | Person <input checked="" type="checkbox"/> |
| | 209 ST LAWRENCE DRIVE | | Payroll <input type="checkbox"/> |
| | SILVER SPRING, MD 20901 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 118 | ONNIE BYERS | \$ 100 | Person <input checked="" type="checkbox"/> |
| | 4001 COLFAX AVE SO | | Payroll <input type="checkbox"/> |
| | MINNEAPOLIS, MN 55409 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 119 | PAMELA AND WILLIAM BRADLEY | \$ 100 | Person <input checked="" type="checkbox"/> |
| | 2943 SOUTH 14TH STREET | | Payroll <input type="checkbox"/> |
| | FERINANDINA BEACH, FL 32034 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 120 | PAUL THOMSON | \$ 100 | Person <input checked="" type="checkbox"/> |
| | 293 CUMBERLAND ST | | Payroll <input type="checkbox"/> |
| | SAN FRANCISCO, CA 94114 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |

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| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 121 | PAUL DANIELS | \$ 100 | Person <input checked="" type="checkbox"/> |
| | 201 CASA SEVILLA AVE | | Payroll <input type="checkbox"/> |
| | ST AUGUSTINE, FL 32097 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 122 | PAULA BAIRD | \$ 25 | Person <input checked="" type="checkbox"/> |
| | 6056 S BLACK OAK | | Payroll <input type="checkbox"/> |
| | SPRINGFIELD, MO 65804 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 123 | PEGGY JAMES | \$ 25 | Person <input checked="" type="checkbox"/> |
| | 9136 TEJAS CT | | Payroll <input type="checkbox"/> |
| | JACKSONVILLE, FL 32257 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 124 | PHILADELPHIA ZOO | \$ 1,500 | Person <input checked="" type="checkbox"/> |
| | 3400 WEST GIRARD AVENUE | | Payroll <input type="checkbox"/> |
| | PHILADELPHIA, PA 19104 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 125 | RANDAL RUDDERMAN | \$ 250 | Person <input checked="" type="checkbox"/> |
| | 67 INMAN CIRCLE NE | | Payroll <input type="checkbox"/> |
| | ATLANTA, GA 30309 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 126 | REBECCA STAFFORD | \$ 1,000 | Person <input checked="" type="checkbox"/> |
| | 124 LONG POINT DR | | Payroll <input type="checkbox"/> |
| | AMELIA ISLAND, FL 32034 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 127 | REDGIE L GUTSHALL | \$ 100 | Person <input checked="" type="checkbox"/> |
| | 12863 DAYBREAK COURT | | Payroll <input type="checkbox"/> |
| | JACKSONVILLE, FL 32246 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 128 | RICHARD HARRIET AARONS | \$ 36 | Person <input checked="" type="checkbox"/> |
| | 2714 W JARLATHT STREET | | Payroll <input type="checkbox"/> |
| | CHICAGO, IL 60645 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 129 | RICHARD MARIANNE B KIPPER | \$ 15,000 | Person <input checked="" type="checkbox"/> |
| | PO BOX 529 | | Payroll <input type="checkbox"/> |
| | WOODY CREEK, CO 81656 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 130 | RICHARD B DAVIDHEISER | \$ 25 | Person <input checked="" type="checkbox"/> |
| | 95001 LANTANA COURT | | Payroll <input type="checkbox"/> |
| | AMELIA ISLAND, FL 32034 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 131 | SANDRA HENDRICKS | \$ 50 | Person <input checked="" type="checkbox"/> |
| | 54234 ROY BOOTH RD | | Payroll <input type="checkbox"/> |
| | CALLAHAN, FL 32011 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 132 | SARA BARTH | \$ 250 | Person <input checked="" type="checkbox"/> |
| | 565 SAINT MARY STREET | | Payroll <input type="checkbox"/> |
| | PLEASANTON, CA 94566 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |

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| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 133 | SCHACKNOW FAMILY FOUNDATION | \$ 2,500 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | 15 SHELDRAKE LN | | |
| | PALM BEACH GARDENS, FL 33418 | | |
| 134 | SCOTT BAITY | \$ 2,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | 841 PRUDENTIAL DRIVE STE 1802 | | |
| | JACKSONVILLE, FL 32207 | | |
| 135 | SEA WORLD PARKS & ENTERTAINMENT | \$ 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | 7007 SEA WORLD DRIVE | | |
| | ORLANDO, FL 32819 | | |
| 136 | SHARON BALDANZA | \$ 50 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | 110 SANDY BRANCH TRAIL | | |
| | ORMAND BEACH, FL 32174 | | |
| 137 | SHAUN MARTIN | \$ 50 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | 1201 O STREET NW 3A | | |
| | WASHINGTON, DC 20005 | | |
| 138 | SIDNEY MAYLEY | \$ 25 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | 608 HIDEAWAY LN | | |
| | CARRIERE, MS 39426 | | |

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| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 139 | SMOKE RISE FOUNDATION INC | \$ 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | 1313 W 175TH ST | | |
| | HOMEWOOD, IL 60430 | | |
| 140 | SONYA ROOD | \$ 250 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | 153 CATHERINE TOWERS LANE | | |
| | ST AUGUSTINE, FL 32092 | | |
| 141 | STEVEN SANDRA BECKER | \$ 1,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | 413 CANTERBURY CT | | |
| | GLEN ELLYN, IL 60137 | | |
| 142 | SUSAN AND CHRIS HOBEROCK | \$ 25 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | 135 COUNTRY CLUB DR | | |
| | NEVADA, MO 64772 | | |
| 143 | SUSAN ROTH | \$ 1,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | 2913 REYNARD TRAIL | | |
| | SIGNAL MOUNTAIN, TN 37377 | | |
| 144 | SUSAN RUDOV | \$ 500 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | 95188 AMELIA NATIONAL PARKWAY | | |
| | AMELIA ISLAND, FL 32034 | | |

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| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--------------------------------------|----------------------------|---|
| 145 | TERESA HITCHCOCK | \$ 125 | Person <input checked="" type="checkbox"/> |
| | 508 VICKSBURG WAY | | Payroll <input type="checkbox"/> |
| | SOUTHLAKE, TX 76092 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 146 | THE ARTHUR VINING DAVIS FOUNDATIONS | \$ 20,000 | Person <input checked="" type="checkbox"/> |
| | 225 WATER STREET | | Payroll <input type="checkbox"/> |
| | JACKSONVILLE, FL 32202 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 147 | THE GREENE FAMILY FOUNDATION INC | \$ 1,000 | Person <input checked="" type="checkbox"/> |
| | 4694 CARLTON DUNES DR | | Payroll <input type="checkbox"/> |
| | FERNANDINA BEACH, FL 32034 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 148 | THE HARRELL FAMILY FUND | \$ 500 | Person <input checked="" type="checkbox"/> |
| | 4 CARLTON ROAD | | Payroll <input type="checkbox"/> |
| | MARBLEHEAD, MA 01945 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 149 | THE KASTEN FAMILY PHILANTHROPIC FUND | \$ 1,000 | Person <input checked="" type="checkbox"/> |
| | 1440 SPRING ST | | Payroll <input type="checkbox"/> |
| | ATLANTA, GA 30309 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 150 | THERESA R WARD | \$ 2,500 | Person <input checked="" type="checkbox"/> |
| | 119 REGENTS PLACE | | Payroll <input type="checkbox"/> |
| | PONTE VEDRA BEACH, FL 32082 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |

Form 990 Schedule B, Part I - Contributors (see instructions) Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 151 | TIMOTHY HOGG AND ADRIENE BAILEY | \$ 4,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | 862821 N HAMPTON CLUB WAY | | |
| | FERNANDINA BEACH, FL 32034 | | |
| 152 | TOM AND MARY QUINLAN | \$ 700 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | 1788 FAIRWAY DRIVE | | |
| | AMELIA ISLAND, FL 32034 | | |
| 153 | TRACEY DAVID DMD | \$ 100 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | 3871 MISSION HILLS DRIVE E | | |
| | JACKSONVILLE, FL 32225 | | |
| 154 | TRACEY JORDAN | \$ 25 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | 9546 FAULKNER SQUARE | | |
| | BRENTWOOD, TN 37027 | | |
| 155 | TRACY ARTHUR | \$ 250 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | 1419 SOUTH BIRMINGHAM ROAD | | |
| | JACKSONVILLE, FL 32207 | | |
| 156 | TRACY L CLIPPINGER | \$ 25 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | PO BOX 1055 | | |
| | CARLISELE, PA 17013 | | |

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|------------|-----------------------------------|----------------------------|---|
| 157 | TUCKER AND AMY LONGABACH | \$ 40 | Person <input checked="" type="checkbox"/> |
| | PO BOX 730123 | | Payroll <input type="checkbox"/> |
| | ORMOND BEACH, FL 32173 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 158 | US FISH AND WILDLIFE SERVICES | \$ 85,310 | Person <input checked="" type="checkbox"/> |
| | 1339 20TH ST | | Payroll <input type="checkbox"/> |
| | VERO BEACH, FL 32962 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 159 | VIRGINIA ELLIOTT | \$ 100 | Person <input checked="" type="checkbox"/> |
| | 1000 VICARS LANDING WAY | | Payroll <input type="checkbox"/> |
| | PONTE VEDRA BEACH, FL 32082 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 160 | WCS WASHINGTON OFFICE | \$ 2,500 | Person <input checked="" type="checkbox"/> |
| | 750 9TH NW SUITE 525 | | Payroll <input type="checkbox"/> |
| | WASHINGTON, DC 20001 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 161 | WILDLIFE CONSERVATION NETWORK | \$ 25,000 | Person <input checked="" type="checkbox"/> |
| | 209 MISSISSIPPI STREET | | Payroll <input type="checkbox"/> |
| | SAN FRANCISCO, CA 94107 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 162 | WILLIAM AND MEAGHAN LISMAN | \$ 1,000 | Person <input checked="" type="checkbox"/> |
| | 1507 EVA STREET | | Payroll <input type="checkbox"/> |
| | AUSTIN, TX 78704 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |

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|------------|-----------------------------------|----------------------------|---|
| 163 | WILLIAM C HANSARD | \$ 90 | Person <input checked="" type="checkbox"/> |
| | 19 BIG BUCK TRL | | Payroll <input type="checkbox"/> |
| | ORMOND BEACH, FL 32174 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 164 | WILLIAM D SEBASTIAN | \$ 100 | Person <input checked="" type="checkbox"/> |
| | 860 ATLANTIC VIEW DRIVE | | Payroll <input type="checkbox"/> |
| | AMELIA ISLAND, FL 32034 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 165 | WILLIAM H GOWER | \$ 1,000 | Person <input checked="" type="checkbox"/> |
| | 26 SALT MARSH DRIVE | | Payroll <input type="checkbox"/> |
| | AMELIA ISLAND, FL 32034 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 166 | WILLIAM HOLLIFIELD | \$ 100 | Person <input checked="" type="checkbox"/> |
| | 15411 NE 60TH STREET | | Payroll <input type="checkbox"/> |
| | WILLISTON FL, FL 32696 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 167 | WILLIAM JUMP | \$ 100 | Person <input checked="" type="checkbox"/> |
| | 4959 SUMMER BEACH BLVD | | Payroll <input type="checkbox"/> |
| | FERNANDINA BEACH, FL 32034 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 168 | WILLIAM R GUSSMAN | \$ 1,000 | Person <input checked="" type="checkbox"/> |
| | 101 DEMERE RETREAT LANE | | Payroll <input type="checkbox"/> |
| | ST SIMONS ISLAND, GA 31522 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |

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|---|-----------------------------------|----------------------------|--|
| 169 | WINDWAY CAPITAL CORP | \$ 744 | Person <input checked="" type="checkbox"/> |
| | 630 RIVERFRONT DRIVE SUITE 200 | | Payroll <input type="checkbox"/> |
| | SHEBOYGAN, WI 53061 | | Noncash <input type="checkbox"/> |
| (Complete Part II for noncash contributions) | | | |
| 170 | WWF'S RUSSELL E TRAIN EFN | \$ 6,500 | Person <input checked="" type="checkbox"/> |
| | 581705 WHITE OAK ROAD | | Payroll <input type="checkbox"/> |
| | YULEE, FL 32097 | | Noncash <input type="checkbox"/> |
| (Complete Part II for noncash contributions) | | | |
| 171 | JANE AND TOM WATT FOUNDATION | \$ 2,500 | Person <input checked="" type="checkbox"/> |
| | 581705 WHITE OAK ROAD | | Payroll <input type="checkbox"/> |
| | YULEE, FL 32097 | | Noncash <input type="checkbox"/> |
| (Complete Part II for noncash contributions) | | | |